

STEPS FOR THE CHILD MALTREATMENT CENTRAL REGISTRY CHECK

Under Arkansas Code Annotated § 6-17-410 and 6-17-414, all persons applying for a first-time license, a lifetime license, license renewal, or for employment at a school district, public school, or education service cooperative must complete the Child Maltreatment Central Registry check. In addition, all pre-service teachers must complete the check before beginning their supervised clinical practice on a school campus.

The Arkansas Child Maltreatment Central Registry background check is handled separately from the criminal history check, using the **Child Maltreatment Central Registry Background Check Form**.

Please follow the instructions on the Child Maltreatment Background Check form.

STEP 1: COMPLETING THE FORM

- Complete the ADE provided Child Maltreatment Central Registry form.
- Sign the form before a notary public.

STEP 2: PAYMENT

• Pay with a preprinted check or money order payable to the "Arkansas **Department of Human Services**".

STEP 3: SUBMITTING THE FORM

 Mail the form and payment to the Arkansas Department of Human Services at the <u>address on the form</u>.

Please allow up to four (4) weeks for the return of the results from the Child Maltreatment Central Registry check.

If the Child Maltreatment Central Registry notifies the Department of Education that there is a "true" finding under your name, you will also be notified. You may contact the <u>Department of Human Services</u> for information on seeking to have your name removed from the registry. If you are successful and your name is removed, you may become qualified for licensure or employment upon the Department of Education receiving official documentation from the registry of the name removal.

ONLY FOR ARKANSAS DEPARTMENT OF EDUCATION USE AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

By the Arkansas Child Maltreatment Central Registry

<u>Applicant Instructions</u>: Complete this form, have it notarized, and submit a preprinted check or a U.S. money order for \$10.00 made payable to the Arkansas Department of Human Services. DO NOT SEND CASH OR A TEMPORARY CHECK-YOUR REQUEST WILL NOT BE PROCESSED. Make and keep a copy of this form for your records.

Mail this form to and the fee payment to:			Arkansas Child Maltreatment Central Registry P.O. Box 1437, Slot S 566 Little Rock, Arkansas 72203				Applicant- Check Only One: ☐ Licensed Teacher ☐ Non-licensed/Classified		
Applicant's full name (print or type):			First		Middle		Last		
List ALL other names used:									
Applicant's Social Security	Number	:							
Applicant's Birth Date (Month/Day/Year):					_ Age:	_ Race/ethnicity:			_ Gender:
Applicant's mailing address:	Street	treet or P.O. Box				Physical Address:Street			
	City						City	State	Zip Code
Applicant's phone number:				(home)		(cell)			(other)
3. Child's Full Name: I hereby request that the Ark undersigned applicant as an By signing below, I swear openalty of perjury.	offender or affirn	of a truent that the	e repoi ie fore	rt of child malti egoing stateme	gistry release reatment to th nts are true t	e ARKANSAS Di to the best of my l	EPART	MENT (OF EDUCATION.
Applicant's Signature:						Date			_
State of Arkansas County of On this the day of appeared is/are subscribed to the within In witness whereof I hereunt	n instru	_, 20 (ap) ment and	_, before plicant discharge acknowledge acknowledge acknowledge acknowledge acknowledge acknowledge acknowledge	re me, t's name) know owledged that l	vn to me (or s ne/she/they ex	(name of notary atisfactorily prove ecuted the same for), the ur n) to be or the pu	ndersigned the perso urposes th	I notary, personally on whose name(s) erein contained.
Notary Public:						My Commission Expires:			
			(APPLI	CANTS DO NOT	WRITE BELOW	THIS LINE)			
School/Dis	strict Co	ntact Pe	rson		District	Phone Number			District Fax
School Ma	ldress			School District				LEA Number	